



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ DRD982659625

INSTALLATION ADDRESS

BOISE CASCADE- ALBANY MILL  
450 N PACIFIC AVE  
MONMOUTH OR 97361  
OLD SALEM HWY & ARNOLD RD  
MILLERSBURG OR 97321

# Route Slip



Date 5/17/89

TO:	Name	Division/Section	Initial	Date
1.	Cheryl Williams	HR		
2.				
3.				
4.				
5.				

<input type="checkbox"/>	as requested	<input type="checkbox"/>	investigate	<input type="checkbox"/>	per conversation
<input type="checkbox"/>	approval	<input type="checkbox"/>	justify	<input type="checkbox"/>	prepare reply
<input type="checkbox"/>	comment	<input checked="" type="checkbox"/>	necessary action	<input type="checkbox"/>	return with more detail
<input type="checkbox"/>	confer	<input type="checkbox"/>	initial and return	<input type="checkbox"/>	review and circulate
<input type="checkbox"/>	for your information	<input type="checkbox"/>	note and file	<input type="checkbox"/>	signature

Please rush This one and  
call me 4 #. Thankyou!

FROM:	Devin Steward	229-6590	Phone No.
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Central Stores 97677

☐ See Other Side



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



## Notification of Hazardous Waste Activity

### Comments

C																			
C																			
Installation's EPA ID Number														Approved		Date Received (yr. mo. day)			Linn Co. Wm. Valley Co.
C	98-265-9625												T/A	C					
F	ORD													1					

## BOISE CASCADE ALBANY MILL

## Street or P.O. Box

C		450 NORTH PACIFIC AVE																State		ZIP Code			
3																							
		City or Town																State		ZIP Code			
C		MONMOUTH																OR		97361			
4																							

Sec. 28, Township 10 S

<u>Sec 28</u> , Township <u>10 S</u>						Street or Route Number <u>Range 3 W</u>																	
<u>C</u>	<u>5</u>	O	L	D	S	A	L	E	M	H	W	Y	&	A	R	N	O	L	D	R	D.		
<u>MILLERS B</u>																	City or Town		State		ZIP Code		
<u>C</u>	<u>6</u>	A	L	B	A	N	Y		U	R	G												
																			O R G A N I Z E D				

## Name and Title (last, first, and job title)

Name and Title (last, first, and job title)													Phone Number (area code and number)									
6	J	I	M	C	A	S	H						5	0	3	8	3	8	1	6	1	0

## A. Name of Installation's Legal Owner

[illegible]**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

- ☒ 1a. Generator = 1  
☐ 2. Transporter  
☐ 3. Treater/Storer/Disposer  
☐ 4. Underground Injection  
☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner
- 1b. Less than 1,000 kg/mo.  
OK 5/10/14  
Phase 4  
Marketing

## B. Used Oil/Fuel Activities Solid Waste Division: T

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

**VIII. Mode of Transportation** (*transporters only — enter 'X' in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) \_\_\_\_\_

### IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

ID — For Official Use Only																
C															T/A	C
W																1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21-261.24)

☐ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

James M. Cash

JAMES M. CASH  
PURCHASING MGR.

10/21/88

EPA Form 8700-12 (Rev. 11-85) Reverse

X 002

1-MARK PCB DRUM WITH  
(5) PACK CAPACITOR  
DRUM # BC-130-3